

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        | S-2      |        | 11-29-01 |
| O.I.P.E. CLASSIFIER       | for      | 720    | 12-07-01 |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
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